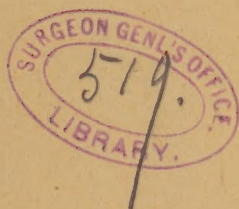


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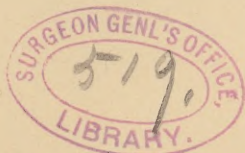
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THE TUBE-STRIPPER.

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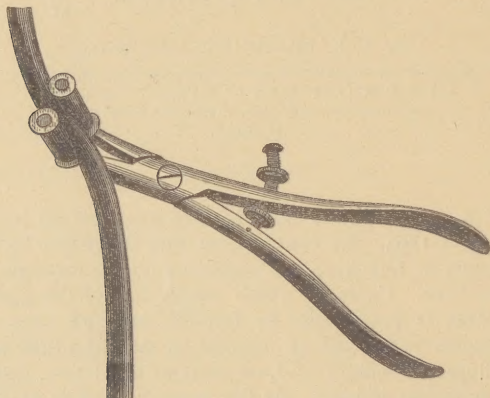
THE instrument to be described was devised in the spring of 1893. Its construction was suggested by the difficulty of removing the stomach-contents through the usual tube. Cases in which expression of the gastric contents is practicable by forcible pressure over the organ are rare, while an attempt to strip the tube with the fingers is tedious and, on account of friction, causes an annoying jerking. At the same time, it is evident that the ordinary aspirators and the rotary surgical pump might cause hemorrhage by too powerful suction.

The instrument consists of the levers of a heavy cutting-forceps. A roller, with flanges to prevent the slipping-off of the tube, is attached at an angle of 105° to each cross-piece of the forceps. The rollers are, of course, parallel, whether the levers are open or shut. An angle a little greater than 90° was chosen, so that the hand would not interfere with the tube as it passes between the rollers. By holding the handles together and running the rollers down the tube the air is forced out, while the elasticity of the rubber causes a vacuum into which the stomach-contents rush. At the same time the suction of an ordinary length of tube is not sufficient to damage the stomach-wall should it be drawn into the openings in the tube, unless some serious ulceration or vascular



degeneration exists. In such cases the passage of the stomach-tube would, at any rate, be contra-indicated.

A threaded bar is fitted into one handle of the instrument and passes through an opening in the other handle. A nut with a milled margin is placed on this bar between



the handles, so that exactly the desired degree of compression can be exerted. A second nut outside the handle serves to lock the instrument, although this is seldom necessary.

The instrument has proved satisfactory as an adjunct to the stomach-tube. I have had but one opportunity to test its usefulness in other directions, namely, in a case of pleurisy with effusion. About a yard of rubber tubing was fitted into the end of a simple aspirating-needle, which was plunged into the chest with all aseptic precautions. The tube was stripped with the instrument, an assistant pinching the tube near the canula when it was necessary to reapply the rubber. About 400 c.c. of dark fluid were removed, when the patient began to cough and aspiration was discontinued. It was not necessary to tap again.

The cost of the tube-stripper is about \$2.50, so that the entire cost of an aspirating outfit will be less than \$5. While too feeble and slow in its action for many of the purposes for which a surgical pump is needed, this instrument has the advantage of compelling extreme caution, and, in many cases it will be found an efficient, simple, and cheap substitute for various expensive aspirators.

